FORM 1

Biosolids Land Application Local Monitoring Expenses

REIMBURSEMENT INVOICE

Page 1 of 1

Claim No. Zolo 6113 Activity Dates:
County: Date Rec'd:
Evaluator: Permit No: Approval

Complete and submit with all required supporting documentation to Department of Environmental Quality, ATTN: Accounts Payable, P.O. Box 1105, Richmond, Virginia 23218. Type or print legibly the required information in the applicable sections below. Refer to the Fees for Permits and Certificates regulation (9 VAC 25-20-149) for additional

instructions on how to complete the form.	on to the rees for Permits and Certificates regulation (9 VAC 25-20-149) for additional
I. Claimant Information	
A. Name of Local Government Official:	B. County:
DAMES RANdoloh	
C. Claimant Mailing Address:	D. City, State
	E. Zip Code
11413 Courthouse Rd	
F. Claimant Telephone No. G. Claimant Fax No.	Lunenburg Va 23952
(434) 696-2142 (434) 66	11. Locar Wolfflor Name
Contact Person for Reimbursement J. Contact	t Person Telephone No. K. Contact Person Fax No.
WAGE BARTlett WEST	The state of the s
II. Monitoring Activity Information (Attack a 1991)	
Attach additional separate sh	ieets if necessary)
This to and one identification	B. Farm(er) and Site Location
VPA03010-LUDKB-LULTV	Fill Box - Handland
C. Type of Monitoring Activity and Dates 12-0/The	
The state of the s	17024.00=408.00/152.0.50=76.00
E. Sampling and Testing Information	1
	F. Name and location of Lab used G. Total Lab Charges
III. Multiple Owner Information (For Local Manifes)	
III. Multiple Owner Information (For Local Monitor employed by n	nultiple jurisdictions)
Are the expenses listed above part of a multiple owner payment submission	?
□ No	
· · · · · · · · · · · · · · · · · · ·	
If you answered "Yes" to the above question, you are required to subm	it this invoice with the multiple owner payment Form 2.
IV. Responsible Official Statement (Please sign name):	
	North 2 1213
Were the listed expenses incurred during the dates included in Part II.0	C of this form?
Yes No	
If you answered "No", please attach the necessary documentation	
	on to explain the discrepancy.
Take the control of costs	
A. Are all expenses listed in this invoice complete at the date of this invoice	e? C. Total costs daimed for reimburgamental.
Y Vos	e? C. Total costs claimed for reimbursement in this Invoice
LT NO	
B. Will additional reimbursement costs incurred for monitoring activities site(s) listed above be submitted?	s at the
(1) manual and to be administed?	\$ 95 Ext
Yes 🔲 No	December
	(recember)
/I. County Administrator Certification (Please print name):	
erformed in accordance attests that the monitoring	activities for which reimbursement is sought have been
ermits and Configuration	activities for which reimbursement is sought have been VPA Permit Regulation (9 VAC 25-32) and the Fees for
ermits and Certificates regulation (9 VAC 25-20):	o (the rees to
	1-20-2011
County Administrator	Date
Man Del De la a	Date
mul # of race By	1-12-2011
Local Monitor	
LOOKI MOIIIUI	Date

Biosolids Land Application Local Monitoring Activity Details

County:
County Monitor:
Staff Labor per hour:
Mileage Rate per mile:

Manuel Toombs
\$24.00
\$0.50
Maximum Rate is \$0.55/mile

Enter data in YELLOW cells

BLUE cells compute automatically

Activity Codes: Administrative Complaint Inspection Meeting Sampling Training

Hours Miles Site Identification Number Subtotal Subtot				\$76.00	3408.00	7.5		1			
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TOTAL \$484.00